

Case Number:	CM15-0009851		
Date Assigned:	01/27/2015	Date of Injury:	05/14/2013
Decision Date:	03/26/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old female who sustained an industrial injury on 5/14/2013. She has reported right shoulder and neck pain. The diagnoses have included right rotator cuff injury, cervical spondylosis and cervicalgia. The Cervical MRI revealed C3-4 Facet arthropathy, and foraminal narrowing, both on the right. Treatment has included therapy, home exercises and medication management. Currently, the injured worker complains of neck and right shoulder pain. Treatment plan included right cervical 3-4 facet injection, right cervical 3-4 epidural steroid injection, conscious sedation and fluoroscopy. On 12/23/2014, Utilization Review non-certified review of right cervical 3-4 facet injection, right cervical 3-4 epidural steroid injection, conscious sedation and fluoroscopy, noting the lack of medical necessity. The MTUS was cited. On 1/13/2015, the injured worker submitted an application for IMR for right cervical 3-4 facet injection, right cervical 3-4 epidural steroid injection, conscious sedation and fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right C3-4 Facet Injection QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diagnostic blocks for facet nerve pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic)

Decision rationale: The injured worker sustained a work related injury on to 5/14/2013. The medical records provided indicate the diagnosis of have included right rotator cuff injury, cervical spondylosis and cervicalgia. Treatment has included therapy, home exercises and medication management. The medical records provided for review do not indicate a medical necessity for Right C3-4 Facet Injection QTY: 1.00. The MTUS recommends against facet injections. The Official Disability Guidelines states that it is under study.

Right C3-4 Epidural Steroid Injection QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection, therapeutic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The injured worker sustained a work related injury on to 5/14/2013. The medical records provided indicate the diagnosis of have included right rotator cuff injury, cervical spondylosis and cervicalgia. Treatment has included therapy, home exercises and medication management. The medical records provided for review do not indicate a medical necessity for Right C3-4 Epidural Steroid Injection QTY: 1.00. The records reviewed do not indicate the injured worker has a clinical finding of radiculopathy or Imaging or electrodiagnostic findings of radiculopathy. The MTUS recommends Epidural injection as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy on imaging or electrodiagnostic studies.

Conscious sedation QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The injured worker sustained a work related injury on to 5/14/2013. The medical records provided indicate the diagnosis of have included right rotator cuff injury, cervical spondylosis and cervicalgia. Treatment has included therapy, home exercises and medication management. The medical records provided for review do not indicate a medical necessity for Conscious sedation QTY: 1.00. Conscious sedation is sometimes used in the process of epidural injection or Facet injection. Since neither of these procedures has been determined to be medically necessary, this conscious sedation is not medically necessary.

Fluroscopy QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The injured worker sustained a work related injury on to 5/14/2013. The medical records provided indicate the diagnosis of have included right rotator cuff injury, cervical spondylosis and cervicgia. Treatment has included therapy, home exercises and medication management. The medical records provided for review do not indicate a medical necessity for Fluroscopy QTY: 1.00. The MTUS recommendation for epidural injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; the injection should be performed using fluoroscopy (live x-ray) for guidance. Therefore, this treatment is not medically necessary since the Epidural steroid injections (ESIs) has been determined to be not medically necessary.